

Restrictions, Behavioral Treatment Plans, & Restraints

Office of Human Rights Training Series

Purpose

- To ensure licensed providers are fully knowledgeable of regulatory requirements concerning the implementation of restrictions, behavioral treatment plans, and restraints, including:
 - a clear interpretation of key terms; and,
 - understanding of internal human rights processes aligned with the Regulations.

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12VAC35-115-30. Definitions

What is a restriction?

Anything that limits or prevents an individual from freely exercising his rights and privileges.



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	Restrictions & Dignity
•	Inplementation of a restriction concerning the dignity of an individual must be assessed and the need for the restriction determined by a licensed professional and reviewed every month and documented in the services record, PRIOR to implementation: - licensed physician - licensed clinical psychologist - licensed professional counselor - licensed clinical social worker - licensed or certified substance abuse treatment practitioner
	licensed psychiatric nurse practitioner
4	Virginia Department of Behavioral Health & Siddee Developmental Services Siddee
	Restrictions & Dignity
	Use of preferred or legal name
	demonstrable harm? significant negative impact on program or other individuals?
•	Specific to residential and inpatient providers: - Religious practices/services - dangerous? - interference with others freedoms? - Mail - demonstrable, harmful communication? - Telephone use - demonstrable, harmful communication? - Visitation - demonstrable harm? - interference with treatment? - source of contraband
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	Restrictions & Freedoms
	12VAC35-115-100
	Individuals are entitled to freedoms consistent with needs for: - services - protection of self - protection of others - uninterrupted services
•	Services must be delivered in the least restrictive setting.

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Restrictions & Freedoms	
Freedoms of everyday life include the freedom to: — Move within the service setting, its grounds, and community — Communicate, associate, privately meet with anyone — Have and spend personal money — See, hear, or receive TV, radio, books, newspapers — Keep and use personal clothing, personal items — Use recreational facilities, enjoy the outdoors — Make purchases in canteens, vending machines, stores selling a basic selection of food and clothing	
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Restrictions & Freedoms	
Restrictions must be justified and meet the following conditions: — pre-assessment, documentation by a qualified professional • possible alternatives • restriction necessary • reason for the restriction • restriction explained • written notice provided — reason — criteria for removal — right to fair review • Restrictions which are court ordered, or required by lained.	
must be documented in the services record. Vigitia Department of Bright & Bevelopmental Services	Slide 8
Implementing Restrictions	
Restrictions are context-dependent.	
• A restriction for one person, may be support for another.	
 Conversations about restrictions should be person- centered and take place with individuals, AR's, support coordinators, other treatment team members and the Advocate. 	
Can a legal guardian override a provider and implement a restriction?	ent
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11		December 1997 and the second
ımn	IAMANTING	Restriction
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- Use of restrictions must be reviewed and approved by the LHRC when:
 - the restriction lasts longer than 7 days
 - the restriction is imposed three or more times during a 30-day time period
- The Restrictions to Dignity and Freedoms of Everyday
 Life Request for LHRC Review form must be completed.
- The LHRC will provide recommendations for appropriate implementation of restrictions, according to the Regulations.

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LHRC Review Form: Restrictions



Restrictions to Dignity and Freedoms of Everyday Life Request for LHRC Review

Individual's Identifier.	Provider:	Servi	e(s):				
Date of Admission:							
Date of Discharge (if applicable):							
Type of Review:	☐ New Restrictions ☐ Re	evised 🗆 LHRC- re-	quested Review				
For Restrictions under Digr	nity, (section 50):						
Was the Human Rights Advo	cate notified of the reason for the	estriction prior to impleme	entation?	□ Y	res [o N	40
Did a licensed professional d	ocument in the service record that	demonstrable harm will re	sult without	- v	es i	п к	Vin.

THRC	Review	Form:	Restri	ictions

Did a qualified professional involved in providing services document in the individual's services record the specific reason for the restriction?

Did a qualified professional involved in providing services explain and provide written notice so the individual can understand the reason for the restriction, the oritaris for removal, and the individual's right to a fair review of whether the restriction is permissible? (please attach the written notice)

Does a qualified professional registry review the restriction and the restriction is discontinued when the individual has met the oriteria for removal?

Is the restriction a result of a court order?

Will the restriction last longer than seven days or be imposed three or more times during a 30-day period?

List ALL restrictions:				
Purpose of Restriction	List Less Restrictive Interventions Attempted	List All Restrictions	Criteria for Removal for Each Restriction	

Name of LHRC	LHRC Chair Signature	
Recommendations:		

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12VAC35-115-30. Definitions	
What are program rules?	
Operational rules and expectations that providers establish to promote the general safety and well-being of all individuals in the program and to set standards for how individuals will interact with one another in the program.	
Program rules ➤ include expectations that produce consequences ➤ may be included in a handbook, policies ➤ must be provided to all individuals	
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Program Rules	
• DO's	
 Develop for safety and order Get suggestions from individuals Apply the rules the same for each individual Give and review rules with individuals and AR Post rules in all regularly accessed areas Submit for LHRC review, if requested Prohibit individuals from disciplining each other 	
• DON'T's	
Contradict the RegulationsConflict with any individual's ISP	
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Knowledge Check	
A restriction concerning dignity can be implemented prior to the	
need for the restriction being assessed by a licensed professional. a. True b. False	
The need for restrictions concerning freedoms of everyday life must be determined by a licensed professional. a. True b. False	
 Restrictions occurring 3 or more times within a 30 day period, or lasting longer than 7 days must be reviewed by the LHRC. a. True b. False 	

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12VAC35-115-30. Definitions

What is a behavioral treatment plan (BTP)?

Any set of documented procedures that are an <u>integral</u> part of the individualized services plan and are <u>developed</u> on the <u>basis</u> of a systematic <u>data</u> collection, such as a functional assessment, for the purpose of assisting an individual to achieve:

- 1. Improved behavioral functioning and effectiveness;
- 2. Alleviation of symptoms of psychopathology; or,
- 3. Reduction of challenging behaviors.



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Behavioral Treatment Plans (BTP)

12VAC35-115-105

- Regarding the use of restrictions or time out in a BTP, the plan must:
 - Be individualized.
 - Address maladaptive behaviors that pose immediate danger.
 - Have been developed after a systematic assessment by a licensed professional or licensed behavior analyst.
 - Be reviewed by an independent review committee before implementing.
- Be mindful to consider the behavior management program/protocol (e.g., TOVA, MANDT, etc.).



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Behavioral Treatment Plans (BTP)

- BTP's that involve the use of restraint or time out have additional review requirements:
 - Intermediate care facilities (ICF) for ID individuals require specially constituted committee (SCC) approval prior to implementation.
 - The independent review committee approval must be submitted to the SCC.
 - All other providers serving ID individuals must submit the BTP and independent review committee approval to the LHRC, prior to implementation.
 - Plans must be reviewed quarterly by the independent review committee, and the LHRC or SCC.
- · The use of seclusion is not permitted in a BTP.



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B	el	haviora	I Treat	tment P	lans (ในality	Review

- Practice Guidelines for BSPs/BTPs
 - Regulatory guidance for services offered through therapeutic consultation
 - Helps in keeping you aware of the importance of data collection, treatment fidelity
 - Provides literature on trauma informed care, personcentered practices, positive behavior supports
- DBHDS Behavior Support Plan Adherence Review Instrument (BSPARI)
- DBHDS Office of Integrated Health (OIH)

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LHRC Review Form: BTP



Behavioral Treatment Plan (BTP) with Restraint or Time-Out Request for LHRC Review

Individual's Identifier:	Provi	ider:	Servi	oe(s):	
Date of Behavior Treatment Plan:					
Reviewed by Independent Review Comn	nittee on:				
Independent Review Committee Recommittee R	mendations				
Informed consent details (date/decision-r	naker):				
Type of Plan:	New BTP	Quarterly	Revision		
Were less restrictive alternatives impler If yes, provide details:				TYes TNo	
BTP initiated, developed, carried out, a expertise, training, education, or creder	tials to do so		are qualified by	TYes TNo	
If yes, provide credential, training and e	ducation details	of staff involved:			
Does the BTP also include nonrestrictive targeted behaviors?	e procedures ar	nd environmental m	odifications that addre	ss TYes TNo	
If yes, provide details:					
Does the BTP have restrictions? If yes, attach completed Restrictions to Request Form	Dignity and Free	edoms of Everyday	<i>Lif</i> e LHRC Review	Yes No.	

LHRC Review Form: BTP										
	List ALL restraints and	time outs:								
Target Behavior	Less restrictive alternatives	List ALL restraint or time out procedures including type and parameters for use	Page number from Plan							

If requested by the LHRC or otherwise requir	ed by regulation, indicate date of planned upo	date:
Name of LHRC		LHRC Chair Signature
Recommendations:		

Knowledge Check	
The key to a well developed BTP is in conducting a detailed an systematic assessment of behaviors and the situations in whice they occur. a. True	
BTPs that include restraint and/or time out must be reviewed monthly by the independent review committee and LHRC or	
SCC. a. True b. False	
BTPs containing restraint and/or time out must be reviewed b the independent review committee prior to implementation. a. True	l by n.
b. False Virginia Department of Behavioral Health & Developmental Services	Stide 22
12VAC35-115-30. Definitions	
What is seclusion?	
The involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a st person, by physically blocking the door, or by any othe physical or verbal means, so that the individual cannot leave.	staff ———————————————————————————————————
Community providers may not use seclusion, unless the are licensed as a children's residential facility or inpatien hospital, and only then, if they have approved polices.	ient
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12VAC35-115-30. Definitions	
What is time out?	
The involuntary removal of an individual by a staff person from a source of reinforcement to a different, open	
location for a specified period of time or until the proble behavior has subsided to discontinue or reduce the frequency of problematic behavior.	
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12VAC35-115-30. Definitions

What is restraint?

The use of a mechanical device, medication, physical intervention, or hands-on hold to prevent an individual from moving his body to engage in a behavior that places him or others at **imminent risk**.

- There are three types of restraint:
 - Mechanical restraint
 - Pharmacological restraint
 - Physical restraint



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Restraints

12VAC35-115-110

- The voluntary use of supports for body positioning and/or greater freedom of movement, or voluntary use of protective equipment ARE NOT restraints.
- Providers must discuss with the individual and AR the preferred intervention(s) at the time of admission.
- Contraindications must be documented in the services record
- Use of restraint is not to be used as punishment.
- Restraints cannot place the individual in a prone (face down) position.



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Restraints

12VAC35-115-110

- Restraints for behavioral, medical, or protective purposes are not allowed until less restrictive measures have been explored and documented in the services record.
- The provider must have internal policies/procedures for the use of restraints, i.e., behavior management.
 - Staff must be trained to engage in use of restraint.
- The restraint must be reviewed and results documented in the services record as soon after the restraint as possible.
- Standing orders may not be issued for the use of restraints.

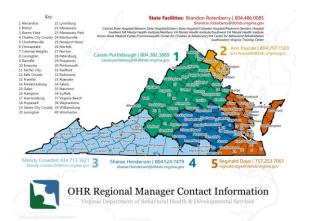


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Mechanical Restraint		
The use of a mechanical device, that cannot be remove by the individual, to restrict the freedom of movement functioning of a limb or a portion of an individual's boo	or	
when that behavior places him or others at imminent ri		
Examples: Seat belt, helmet, arm splints		
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Pharmacological Restraint		
The use of a medication that is administered involunta for the emergency control of an individual's behavio		
when that individual's behavior places him or others imminent risk and the administered medication is no	at	
standard treatment for the individual's medical or psychiatric condition.		
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Physical Restraint		
The use of a physical intervention or hands-on hold		
(manual hold) to prevent an individual from moving hi body when that individual's behavior places him or othe at imminent risk.		
*Refer to your agency's Behavior Management protoc	col,	
policy, and training.		
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Restraint for Behavioral Purposes	
Using a physical hold, medication, or a mechanical device to control behavior or involuntarily restrict freedom of	
movement of an individual in an instance when all of the following conditions are met:	
There is an emergency.Nonphysical interventions are not viable.Safety issues require an immediate response.	
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Restraint for Medical Purposes	
Using a physical hold, medication, or mechanical device to limit mobility of an individual for medical, diagnostic, or surgical purposes, such as routine dental care or radiological procedures and related post-procedure care processes, when use of the restraint is not the accepted clinical practice for treating the individual's condition.	
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Restraint for Protective Purposes	I
Use of a mechanical device to compensate for a physical or cognitive deficit when the individual does not have the option to remove the device. Additionally:	
The device may limit an individual's movement, such as: bed rails	
– a geri-chair	
 The device may prevent possible harm or create a passive barrier, such as: a helmet 	
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	Additional Information on Restraints	
No	ot all restraints require LHRC approval; and, not all restraints require a report in CHRIS.	
	Only restraints that are included in a BTP require IRG and (SCC or) LHRC approval.	0
r	Providers should only report improper uses of estraint and those restraints resulting in an allegation of abuse or neglect in CHRIS.	on
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	Knowledge Check	
	Then an individual voluntarily chooses to use a support, e support is still considered a restraint. a. True b. False	
2. A th	ny instance of restraint and seclusion must be reported e OHR by January 15 th , annually. a. True b. False	to
3. Ri	estraints for behavioral purposes can only be pplemented when verbal de-escalation does not work. a. True b. False	
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	Resources	
	DBHDS website www.dbhds.virginia.gov	
_	access OHR, select Offices Human Rights	
• The Leg <u>htt</u>	e Regulations can be accessed through Virginia's pislative Information System (LIS) at ps://law.lis.virginia.gov/admincode/title12/agency35/ch	<u>1a</u>
• Joi	r <u>115/</u> In the DBHDS Provider Network Listserv by selecting the ensing check box at https://bit.ly/2ZpumCx . listserv	
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